



**Palliative Care and Quality of Life Advisory Council
Annual Report
To
Health and Human Services Committee
January 18, 2021**

Led by co-chairs Dr. Lauren Michalakes and Elizabeth Keene the year has been incredibly productive for the Palliative Care and Quality of Life Advisory Council. Committee enthusiasm remained high with engaged participation from appointed members, interested parties and guests. The Covid-19 pandemic required virtual meetings, held quarterly and open to the public. The lack of in-person meetings did not seem to be a deterrent to achieving several ambitious objectives.

Of note, the pandemic has actually highlighted gaps in palliative care service delivery, especially in rural Maine. Significant work lies ahead in order to achieve access, quality and equitable distribution of palliative care service. Because of that, there has been increased interest in the Advisory Council's work, as well as eagerness on the part of several health care providers and association members to participate. Activity of the Advisory Council in 2020 involved the following:

1. During the 129th Maine Legislative session, the Advisory Council, submitted LD 1950, "An Act To Advance Palliative Care Utilization in the State". The bill was sponsored by Rep. Margaret Craven with a public hearing in February and a work session on March 3rd. The bill as drafted did not pass. However, HHS responded by sending a letter to co-chairs of the Advisory Council requesting additional data and recommendations. A report back, including data about reimbursement, was requested by January 2021. (Please refer to the letter dated December 14, 2020, from Dr. Michalakes and Elizabeth Keene. It includes a comprehensive assessment of Palliative Care, reimbursement data from the literature, plus several recommendations for a path forward.
2. Potential collaborators include, but are not limited to, the Maine Primary Care Association, CDC, National Association of State Health Policy, (NASHP), Maine Cancer Network, Maine Cancer Foundation, Downeast Public Health, AARP, CHELC, to name but a few. Because comprehensive palliative care services involve a team approach, the goal for organizational sustainability will also require a collaborative approach. A cost-effective model of reimbursement is also key. One potential model might be a bundled payment similar to the Medicare Hospice Benefit, passed by Congress in 1984. Our goal is to work with our partners to increase accessibility to, and quality of, palliative care services in Maine.
3. Project ECHO, facilitated Dr. Michalakes and Deb Silverstein with support from Maine Health, continues to generate interest and robust attendance via monthly zoom meetings. Between 30-40 health care professionals routinely gather to share palliative care case presentations followed by Q&A. The value of this education format, especially during the pandemic, gives palliative care providers opportunities to learn from one another.

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4. Ongoing education for health care professionals, consumers, patients and families continues to be a priority. Due to the pandemic, our planning process for a statewide palliative care conference had to be postponed. The Maine Cancer Foundation, MDI Hospital and others have expressed interest in offering financial support, potentially for an in-person or virtual conference in 2021.
5. Over the past year, Advisory Council members were invited to share experience, insights and recommendations during the State Comprehensive Cancer Planning process.
6. Grant writing remains an on-going process in order to fund certain priority initiatives. One of our current priorities is increased accessibility of palliative care services for rural Maine. The Maine Health Access Foundation has invited us to submit a full proposal for their "SIIRG" grant funding cycle. The proposal will focus on palliative care service delivery in rural parts of our state. The proposal deadline is April.
7. Interns continue to show an interest in the work of the Advisory Council. This is encouraging given many of these individuals represent the future of our health care system.
8. Last, but not least, Advisory Council members continue to monitor federal legislation that may impact both Hospice and Palliative Care. Advocacy efforts may include calls and letters from individual members and/or a position statement from the Council.

Under the leadership of Dr. Michalakes, Elizabeth Keene, and the experienced, dedicated Advisory Council members, progress was made on many fronts. Our workplan was ambitious but realistic. Strategies were interrupted by the pandemic; however, Council members remained flexible, continuing to stay focused on the ultimate goal of making access to and quality of palliative care services a reality for individuals and families, no matter where they live in Maine.

Members of the Palliative Care and Quality of Life Advisory Council remain grateful to the Health and Human Services Committee for their continued interest and support.

With appreciation,

Kandyce Powell
Clerk, Palliative Care and Quality of Life Advisory Council
Executive Director, Maine Hospice Council, Inc.

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